



**The claims fee has been calculated as shown below:**

					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	22	MINUS	* 22	0	X \$ 25	\$		X \$ 50	\$
INDEP	10	MINUS	** 13	0	X \$ 100	\$		X \$ 200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$ 180	\$		+ \$ 360	\$
					TOTAL= \$ <u>0</u>			TOTAL= \$ <u>0</u>	

\* not fewer than 20  
 \*\* not fewer than 3

**The Application Size Fee has been calculated as shown below:**  
*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to [ ] Sheets
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$125	\$[ ]	X \$250	\$[ ]	

**Petition for Extension of Time**

- [X] The undersigned attorney petitions the Commissioner for Patents to extend the time for filing a Notice of Appeal in reply to the Office Action made Final dated June 30, 2005 for two months, from September 30, 2005 to November 30, 2005 under 37 C.F.R. § 1.136(a). In lieu of filing a Notice of Appeal, Applicants' Attorney is filing a Request for Continued Examination concurrently herewith. The appropriate fee is set forth below.
  
- [ ] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [            ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>          0</u>

**A check is enclosed in payment of the following fees:**

<input checked="" type="checkbox"/>	Petition for two month Extension of Time	\$ <u>          450</u>
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	
	<u>Request for Continued Examination</u>	\$ <u>          790</u>
	_____	\$ _____
	TOTAL:	\$ <u>         1240</u>

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By           Deirdre E. Sanders            
 Deirdre E. Sanders  
 Registration No.: 42,122  
 Telephone (978) 341-0036  
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: November 30, 2005